U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service Centers for Disease Control and Prevention National Center for Infectious Diseases

WATERBORNE DISEASES OUTBREAK REPORT

This form should be used to report outbreaks of illness after consumption or use of water intended for drinking, as well as outbreaks associated with exposure (ingestion, contact or inhalation) to recreational water, **excluding** wound infections caused by water-related organisms.

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Form Approved OMB No. 0920-0004

Atlanta, GA 30333 SUBMITTED COPIES OF THIS FORM SHOULD INCLUDE AS MUCH INFORMATION AS POSSIBLE; BUT THE COMPLETION OF EVERY ITEM IS NOT REQUIRED.

Settle interded or craiming Cay or County	TYPE of EXPOSURE:	TYPE of EXPOSURE: 2. LOCATION of OUTBREAK:					3. DATE of OUTBREAK:				4. NUMBERS OF:			tual	Estimated
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IF RECREATIONAL EXPOSURE, PRO	CEED TO QUEST	ION (12) AND THEN (13d), OTHERWISE PROCE	ED TO (13a).							
2. <u>RECREATIONAL EXPOSURE</u> : a) Route of Entry: ☐ Intentional ingestion ☐ Con ☐ Accidental ingestion ☐ Inha	tact	b) Type of Exposure: Swimming pool Hot Tub Lake, Pond Whirlpool River, Stream Other:		Describe the setting: (e.g., health spa, rafting trip, etc.)						
a) AT SOURCE: Description of sewage Flooding, heavy rains Underground seepage of sewa AT TREATMENT PLANT: No disinfection	l Use l Imp gel Con	of a back-up source of water by a water utility roper construction or location of well or spring stamination through creviced limestone or fissured rottiltration	☐ Other: ☐ Unknown ck ☐ Other:							
□ Temporary interruption of disin □ Chronically inadequate disinfect □ IN DISTRIBUTION SYSTEM: □ Cross connection □ Back siphonage	etion Defi	dequate filtration iciencies in other treatment processes antamination of mains during construction or repair attamination of storage facility	Unknown Other: Unknown							
d) OTHER REASONS FOR CONT	AMINATION OF W	/ATER: (include recreational exposures here)	Unknown							
14. WATER SPECIMENS EXAMINED: (provide information for routine samples collected <u>before</u> and <u>during</u> the outbreak investigation as well as for any special lab studies)										
ITEM	DATE	LABOF MICROBIOLOGY	ATORY RESULTS	DISINFECTA RESIDUAL	NT TURBIDITY					
EXAMPLES Tap Water	10/11/91	No coliforms		0.5 mg						
Untreated Raw Water	11/02/91	23 fecal coliforms	1 to	Not Dor	ne 10.0 NTU					
Tap Water	11/12/91	Giardia; 10 total colifor	ms per 100 m	1 0	2.0 NTU					
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		f the outbreak and/or the outbreak investigation urve and summary report, if available.								
Name of reporting agency: Person con NAME: Title:			EL. NO: (Area code ATE OF /		Date investigation initiated:					
Note: Epidemic and laboratory assi		estigation of a waterborne outbreak is available	MO. DAY	YR. Mi						

Note: Epidemic and laboratory assistance for the investigation of a waterborne outbreak is available upon request by the State Health Department to the Centers for Disease Control and Prevention. To improve national surveillance of outbreaks of waterborne diseases, please send a copy of this report, your internal report, and the questionnaire used in the epidemiologic investigation (if available) to:

Centers for Disease Control and Prevention Division of Parasitic Diseases Attention: Waterborne Disease Coordinator 4770 Buford Highway, NE, Mailstop F22 Atlanta, GA 30341-3724

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHHS Reports Clearance Officer; Paperwork Reduction Project (0920-0004); Rm 531 H, H.H. Humphrey Bg.; 200 Independence Ave., SW, Washington, DC 20201.—DO NOT MAIL CASE REPORTS TO THIS ADDRESS—